



PATENT APPLICATION
ELG057-US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | |
|------------------------------|--------------------------------|
| In re Application of |) Group Art Unit: 2891 |
| |) |
| GOMES ET AL. |) Examiner: Matthew W. Such |
| |) |
| Application No. 10/720,438 |) TYCO ELECTRONICS CORPORATION |
| |) 307 Constitution Drive |
| Filed: November 24, 2003 |) Menlo Park, CA 94025 |
| |) |
| For: METHOD OF MANUFACTURING |) March 2, 2006 |
| TOUCH SENSOR WITH SWITCH |) |
| TAPE STRIPS |) |

REPLY

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This paper is filed in reply to the Office Action mailed February 6, 2006, which is a restriction requirement. Please charge any fees and credit any overpayments to Deposit Account No. 18-0560. Reconsideration, re-examination, and allowance are respectfully requested in view of the Amendments and Remarks below.

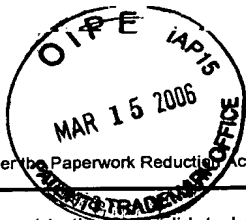
Amendments to the Claims are reflected in the listing of claims which begins on page 2. Remarks begin on page 6.

CERTIFICATE OF MAILING UNDER 37 CFR §1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

Name of person signing certificate: Marquerite E. Gerstner

Signature: Marquerite E. Gerstner Date: March 2, 2006



yfw

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PTO/SB/17 (01-06)(modified)
Approved for use through 07/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Complete if Known

| | |
|----------------------|-------------------|
| Application Number | 10/720,438 |
| Filing Date | November 24, 2003 |
| First Named Inventor | Gomes et al. |
| Examiner Name | Matthew W. Such |
| Art Unit | 2891 |
| Attorney Docket No. | ELG057-US1 |

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) No Fee

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 18-0560 Deposit Account Name: Tyco Electronics Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
|--|--------------|----------|---------------|---------------------------|---------------|
| _____ - 20 or HP = _____ x _____ = _____ | | | | Fee (\$) | Fee Paid (\$) |

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
|---------------|--------------|----------|---------------|

_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---|--------------|--|----------|---------------|
| _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ | | | | |

4. Other Fee(s)

Extension fee No Extension Fee

Other: _____

N/A

SUBMITTED BY

| | | | |
|-------------------|-------------------------------|-----------------------------------|--------------------|
| Signature | <u>Marguerite E. Gerstner</u> | Registration No. (Attorney/Agent) | Telephone |
| Name (Print/Type) | Marguerite E. Gerstner | 32,695 | 650-361-2483 |
| | | | Date March 2, 2006 |

Certificate of Mailing (37 CFR 1.8)

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Date of deposit: March 2, 2006 Name (printed): Marguerite E. Gerstner

Signature: _____

Marguerite E. Gerstner